



FINAL

**Office of the Deaf and Hard of Hearing
Maryland Advisory Council for the Deaf and Hard of Hearing
June 15, 2006
Hearing and Speech Agency, Auditorium: Baltimore, MD**

Attendance:

Members: Alexis Allenback (DLLR), Vanessa Antrum (DHMH), Pamela Jenkins-Dobson (MCHR), Benjamin Dubin, Lindsay Dunn, Ethelette Ennis, Paul Farrell (MSDE), Joshua Friedman, Will Johnson (DHR), George Kosovich, Howard Leonard, Julie Moyer (MDOT), James Tucker (MSD), Linda Webb (DHCD)

Absent: Diane Edge

Visitors: John Gaver (MDOT), Marian Bland (DHMH), Grace Steingieger, Lisa Kornberg, Loretta Lacy, Bonita Feagin, Anjela Kenina, Lisa Hamlin, Howard Holloway, Sara McAvoy, Chris, Seaborn, Scott Wilson, Carolyn Woosley, William Darnell, Brenda Kelly Frey (TAM), Dave Ward, Laurie Yaffe (DASAM), Tonja Trappiel, Lise Hamlin, Scott Wilson

Staff: Yvonne Dunkle, Denise Perdue, and Julie Schafer

Interpreters: Erin Harrison, Denise Spate, and Regina Shaw

CART: Carmen Cramate

Meeting convened at 2:20 pm

Welcome and Introductions: Ben Dubin called the meeting to order with introductions. Members and visitors introduced themselves.

Review and approval of the minutes from March 23, 2006

Additions: none offered

Corrections: James Tucker: change the word “multiple disabilities” to “cochlear implant” page and Howard Leonard: “Interpreter” before the word “Educational” page and the end about underserved populations add the paragraph supplied via email.

Moved to accept with corrections: James Tucker **Seconded:** Linda Webb **Vote:** All in favor

Chairperson Report: Ben Dubin

- Several weeks ago, meet with ODDH staff to discuss the future direction for the office and to discuss committee structure for the Advisory Council. Committees and appointments will be discussed later in this meeting.
- Attended the Maryland Disabilities Forum in Timonium, May 19. It was an educational day for all.

- On a personal note: vacationed in England where I saw an announced about play that is audio described for patrons. It would be nice to have the same in Maryland. The UK has a similar bill to our ADA but there is some criticism about its own law.
- Have some other items to be raised but we will discuss them later during this meeting.

Director's Report:

Yvonne Dunkle electronically sent her report to members prior to the meeting. But highlighted here:

- ODDH staff is in need of more office space. Currently they have one cubical and one office to be shared with 3 staff and interns. There is no storage space except hallway space that currently has boxes of supplies stacked floor to ceiling. On June 1, Yvonne and Denise met with Dr. Craig Williams, Deputy Chief of Staff, to discuss this situation. Dr. Williams sees a communication benefit by remaining in MDOD office space but will visit the suite soon to see what can be done.
- Responding to a line in the Director's Report about the MQAS Coordinator position, Paul Farrell made a correction that they have not yet hired the MQAS coordinator.
- Budget: currently project a \$35,000 surplus. ODDH staff has worked on developing several RFPs and contracts such as a writing service to write "Fact Sheets" about various topics to be posted on the website as well as hard copies for distribution. Also looking at an RFP for software consultation and training and one for research into the driver's education issue.
- Website questions: Ben wants to know what is the contract completion date for the website and when we can expect to see it up and running. Howard asked if ODDH staff would be permitted to maintain the site by making their own changes. Yvonne explained the contract for web development is complete and is in the process of being transferred to the state server and that we are investigating how and what is involved with being the "in house" maintenance for the site.
- Regarding possible RFPs under budget surplus Howard pointed out that the HIV/AIDS project in an accessible format already exists and that Laurie Yaffe can get us more information.
- State Highway Administration (SHA) Advisory Committee: John Gaver reports that the draft of the committee structure and purpose is complete. Membership on the committee was to include one representative from MDOD and a deaf person (in general). John asked the SHA to change that "deaf person" allocation to be a representative from ODDH or its Advisory Council.

ACTION ITEM: Howard Leonard **moves** that we appoint John Gaver to the SHA Committee.
Vote: All vote in favor.

Advisory Council Members Reports:

Chairman, Ben Dubin: Baltimore County Emergency Preparedness Meeting - Baltimore County Fire Department is in the process of putting together a video for emergency first responders. The video has a section about deaf and hard of hearing individuals. They were requested to have copies of the video made with open captioning. Hopefully other counties will follow this model. Recently, there was a mock drill on Route 70. The purpose of the drill was to prepare and find out what the needs of the disability community are; however, one hospital

requested that they not be sent “anybody who is deaf,” which shows that there is more education needed. It is important that the deaf and hard of hearing communities participate in these drills so that in a real emergency first responders will know what to do when a deaf or hard of hearing patient is involved. Local newspapers, such as the Baltimore Sun and television news announce drills. ODDH sends out announcements and once the website is live the announcements will be posted there as well.

Brenda Kelly Frey (Visitor): Responding to the concerns over the hospital that refused deaf patients during the drill: The reason for that hospital not wanting deaf volunteers is because they claim they didn’t have an interpreter on staff. That is not acceptable and a standard operating procedure (SOP) must be developed since no hospitals currently have a staff interpreter.

David Ward (Visitor/Chairperson of Maryland’s Advisory Council for People with Disabilities) was asked if he wanted to report on anything.

- Wishes he had the number of attendees to his meetings were as large as this Advisory Council and praised Yvonne Dunkle for attracting so many visitors.
- Getting back to the discussion of office space it’s important, if possible, that the two offices remain together. MDOD has onsite staff to develop and maintain their website. Perhaps the two offices should investigate sharing that resource.
- Met with Governor over the weekend. The Governor reports that government is getting smaller. Interestingly that for people with disabilities government is getting larger which I hope is a cultural change for people with disabilities in business, government, etc.
- ODDH was a great help in the May 19 MDF event. It wouldn’t have been a success without Yvonne and Denise.

Marian Bland (Maryland Department of Health and Mental Hygiene): (handouts attached)

- Recently appointed as Director for Special Needs Population, which also includes services for deaf and hard of hearing individuals. This office is also responsible for homeless, incarcerated, child-based services, and emergency preparedness services.
- Looking at outreach for homeless people with serious mental illness, including deaf and hard of hearing people. Looking to provide training and services on in-patient trauma. Needs input on how DHMH/MHA should pursue this and other issues.
- Looking at the possibility of telemedicine.
- Looking at ways to meet needs and will advocate for the D/HoH position to be brought back.
- Looking forward to continuing to be a part of the Advisory Council.

Dave Ward (Visitor): At the May MDF Gubernatorial Candidates forum there were questions and comments from deaf community that expressed they would rather have that position within ODDH. We need guidance on which way to advocate for when we do a state plan.

Howard Leonard: There is a long history that dates back to the early 1980’s and many, many people involved in working to create and place the original position within MHA. The goal was to create an administrative police position to work statewide in expand and improve services to the deaf community. However when the position was finally created and filled it

had been changed to be place at Springfield Hospital Center and part of the duties had been changed from their original intent to provide direct care services from the hospital. As a result of being disconnected from the MHA administration they never made the necessary connections. Now it's being recommended if that position were created again, it should be placed centrally within DHMH, which in 1987 had been done but then lost due to a hiring freeze and budget cuts.

Mental health services for the deaf community have gone downhill fast. Legislation had been passed and monies provided by the state but under a grant system that was awarded to a non-profit, Family Services Foundation (FSF). The legislation specifically required that staff be skilled and knowledgeable about deaf culture. Those requirements are still on the books, but since then the mental health delivery system has been privatized, those requirements have been neglected. There had even been an enhanced reimbursement provision because of the additional costs associated with hiring interpreters, which was eliminated a few years ago by MHA. As a result many clinics have closed. Services for children are even worse.

On June 3, at the Maryland Association of the Deaf (MDAD) forum in Frederick, many in attendance thought that ODHH was handling this issue. They feel that ODHH should be the voice of their community. MDOD is currently co-chair of a working group, funded by a federal grant, looking at mental health transformation.

Marian Bland (Visitor): MDOD is looking at how the mental health system can change and will be doing so for the next 5 years. Secretary Cox and her staff are still hiring and moving positions into MHA to do this.

Ben Dubin: Please bring back to the group that the needs of the deaf and hard of hearing community should be included and that it is important to have some input into the process by someone who can address the issues effectively.

Dave Ward (Visitor): Suggest you talk to Tom Merrick from MDOD to make sure there is a deaf and hard of hearing advocate in that group. You should also know that the Systems Change grant was completed last night. If awarded this grant will be administered jointly between DHMH, MDOD and the Department of Aging. The most important part of this grant is the strategic planning process. This is the first time a grant will serve all ages; all disabilities and the decision-making body will be consumers and advocates. There will be a member representing the deaf and hard of hearing community.

Yvonne Dunkle: ODHH wrote a letter of support for Maryland's Systems Change grant.

10 MINUTE BREAK

Continue with Council Member reports:

Howard Leonard: At the last meeting a deaf-blind individual named William Suggs presented during the public forum time and shared that he had completed training at Helen Keller National Center and since returning to Maryland has been unable to find work. I want to announce that DORS was creating a new position for a Deaf -Blind Specialist. The position announcement is

currently being reviewed and revised. Once finalized I will send to Yvonne Dunkle for distribution. This position will be in the Office of Blindness and Vision Services. And to update on Mr. Suggs, his counselor, Tonja Trapello is in the process of evaluating his assistive technology needs and is contacting two other agencies for employment support. One of the biggest challenges in finding employment for people who are deaf-blind is the need for support services or what is called SSPs (Support Service Providers). Next week the American Association of Deaf-Blind (AADB) will hold their national conference at Towson University and more than 500 deaf-blind people are expected to attend. There is currently no way to pay for SSPs so there is a need to expand personal care attendants to include SSPs. ODDH will also be holding a Town Hall meeting during this conference.

Second: Went to the National Technical Institute for the Deaf (NTID) in Rochester, New York for the National Conference of State Coordinators of Rehabilitation Services for deaf, deaf-blind and hard of hearing people. Many people feel this may be have been the last meeting since the Office for Deafness and Communication Disorders within RSA has been eliminated. George did work in that office at one time and he is still there at RSA but I am sharing this because what I heard from other states is that services for the deaf are in decline and there is lack of leadership in the Deaf community to push for these services, similar to what other advocacy groups, like the blind, have done. We have noticed that the number of deaf in DORS is dropping because underemployment is still a big issue but also the rehab training programs have lost their funding. The programs that used to teach at the doctoral level have lost their funding as well. VR counselors are carrying high caseloads and are burning out and deaf people are becoming frustrated. I wish that RSA would put resources back into this and strengthen the system.

Ben Dubin: Universal Newborn Hearing Screening (UNHS) for 2005 Maryland reported 71,000 babies born. About 91% were tested and about 82 (.12%) infants were identified with hearing loss. There are many reasons for the 8% not being tested at birth. DHMH is continuing to improve the statistics. Last month there was a conference on Audiology, which was well attended. If an infant is identified as having hearing loss the following is done: 1) literature is given to the parents for follow up with genetics counseling; 2) parents are strongly encouraged to come back for a second screening, and 3) will work with parents to get full diagnostic work up. The program strongly encourages audiologist to follow up.

Lindsay Dunn: Are there any statistics on African American and Hispanic populations and is the print material translated into other languages?

Ben Dubin: Literature is translated into Spanish, Korean and English and at one time even Russian. But the biggest problem is transient populations, especially in Baltimore City.

Paul Farrell: We are working on efforts to bridge the gaps.

Ben Dubin: The current law says the child will be tested before they leave the hospital but there is no way to force or mandate the parents to return for a repeat screening. The system really relies on the state health department to encourage the parents to seek follow-up services.

Lindsay Dunn: This concerns me because it has direct ramifications for the development of African American children. Too many young graduates are not getting high school diplomas etc. we need to use every early intervention possible to prepare children before kids get to school. We need outreach programs to work with the churches for this follow up. The church is the heart of the African American community.

Ben Dubin: Insurance pays for both the screening and follow-up screening. For patients without insurance then Medical Assistance will pay. Once children are identified they are get referred to the Infant and Toddler program.

Paul Farrell – Maryland State Department of Education (MSDE): The Special Ed and Early Intervention Program is sponsoring an online training for an early intervention specialist funded by a grant. There is a nomination process for all Infant and Toddler directors to nominate one of their staff. This training will begin July 4. It is taught through the University of California to help interventionist to work with families.

Vanessa Antrum – Department of Health and Mental Hygiene (DHMH): DDA doesn't have any issues or a report at this time.

Pamela Jenkins-Dobson – Maryland Commission on Human Relations (DCHR): We enforce Maryland's antidiscrimination statutes in the areas of employment, housing and public accommodations. When we receive complaints from the deaf or hard of hearing people we contract with interpreters for all stages of the complaint process. There are currently a small number of complaints regarding employment.

Ben Dubin: One year ago I filed a complaint against Wal-Mart with DOJ because in their stores they show videos of infomercials, which are not captioned.

ACTION ITEM: DHRC will provide the Advisory Council with the statistics of complaints and resolutions at the next meeting.

Will Johnson – Department of Human Resources (DHR): Have been trying to make sure that all our employees know that when a deaf and hard of hearing person come to DDS for services that interpreters are hired. One issue DHR is having a hard time with is communicating with deaf and hard of hearing people who have limited English and/or ASL proficiency. Each county works independent of the central office but each office is equipped with a TTY and knows the proper procedures of serving their customers.

Lindsay Dunn: How many of you state agencies that also have departments who focus on the deaf have deaf people on staff? (No one responded in the affirmative.) Then how can your agency serve as a model serving deaf and hard of hearing people?

Howard Leonard: Video Phone is an alternative to TTY use and today has become very popular with the deaf community. It might also address the limited English skills some of your patrons have. You could call into Video Remote Interpreting centers.

General Discussion: asking for explanation of Video Phone/Video Relay Services and Video Remote Interpreting. Ben requested a demonstration for the next meeting.

ACTION ITEM: Arrange for a demonstration or a video that shows Video Relay Services (VRS) and Video Remote Interpreter (VRI) for the next meeting.

George Kosovich: There is so much denial about hearing loss. For those of you that work in state agencies that serve people with hearing loss you should be aware of that and how technology, like that used here, is so important for them. There is also an online university called National University has several programs for staff to be trained on and one program of study is living with hearing loss. You should also know that SHHH is now called Hearing Loss Association of America (HLAA). And related to interpreter training and my job there is now there is a new effort to train deaf people to become interpreters. Deaf interpreters have the unique ability to work with low functioning people.

John Gaver and Julie Moyer – Maryland Department of Transportation (MDOT):

- Emphasize the ODDH Director's report the highlights the progress being made with MVA, which reflects an improved and positive attitude within the MVA.
- Will hold the second annual Secretary's Conference, which is all day on September 27, and ODDH will have a big part in that.
- Julie Moyer serves on the committee for the youth leadership forum that is one week this summer at Bowie State University. This is its seventh year. Students are high school juniors and seniors and they get a chance to learn about the state government works and also a chance to meet the governor.

Table Member Reports and jump to Old Business

OLD BUSINESS:

Establish Sub-committees and select members:

Education Committee:

Purpose:

- To have more communication with the Maryland State Department of Education and the Maryland State Steering Committee for Deaf and Hard of Hearing Students. To address the education challenges faced by students who have cochlear implants. To investigate the reduction in services at an early age to students with cochlear implants. To investigate and establish a Children's Bill of Rights. To address the issue of students with a 504 plan who don't receive transition services.

Members:

- Lindsay Dunn, Paul Farrell, Howard Leonard, Ben Dubin, Jamie Tucker

Mental Health Committee:

Purpose:

- To address both mental crisis in mental health care issues.

Members:

- Marian Bland-DHMH/MHA, Lisa Kornberg-PEP, Laurie Yaffe-DASAM, Vanessa Antrum-DDA, a MDAD representative

Communication/Sensitivity Issue:**Purpose:**

- To address the shortage and training of interpreters and CART transcribers. To address ADA compliance with access to communication accommodations.

Members:

- Brenda Kelly Frey, Ethelette Ennis, Linda Webb

Legislative Committee:**Purpose:**

- To help ODHH address upcoming legislative issues and to work on a “signature” legislative piece for the governor’s support.

Members:

- No members identified.

ACTION ITEM: ODHH staff recruits more members to serve on this committee before the next meeting.

Resume Member Reports:**Linda Webb – Maryland Department of Housing and Community Development (DHCR):**

June is “Home Ownership Month”. Listed on our website is the Affordable Accessibility Housing List. The department has reserved 5% of rentable housing units for low-income disabled people. There are many units not taken. Low income means hold 30% of \$78,000.

Public Forum: Open to the public for comments and sharing concerns.

Lisa Kornberg: The Mental Health Committee is really needed to advise ODHH and other state agencies on the issues facing our population, and it’s a very complex issue. At one time Maryland had an enhanced rate system to pay for the additional cost of serving deaf and hard of hearing patients. However, that enhanced rate was eliminated when the state converted to the current “case rate system”. Money is what drives professionals to pay for services. Without the rate, services for deaf and hard of hearing people have dried up. It’s also about social isolation when a deaf patient is in a hospital setting full of hearing people. The old grant system worked best when large sums of money were given to service providers for the deaf to serve the deaf. Gallaudet University is producing many master-level social workers and therapist but they are not working in Maryland.

Lise Hamlin: Have several announcements: I have been working on a Homeland Security grant for emergency preparedness that focuses on deaf and hard of hearing people. We recently successfully pilot tested a course that we will replicate here in Baltimore at HASA on Sept 7. Also, the Hearing Loss Association of America will hold its annual conference June 29-July 2.

Scott Wilson: a student at WTC went to the Student Body Government meeting and asking about access to Video Relay Services (VRS). DORS employees thought it costs money to use

video relay services. Their recommendations were given to Clint and I don't know what he does with it after that. Howard Leonard assured Scott that it would be worked on after July 1. Scott raised a second issue regarding WTC employee, Joy McCalley-when she retires there needs to be someone to replace her. Howard Leonard responded that DORS is investigating replacing her with someone who knows sign language.

Laurie Yaffe: At DASAM, we provide substance abuse and addictions counseling to every deaf and hard of hearing person in the state. We currently have a staff of 6 for the entire state and due to budget cuts, I am in the position to fire someone. DASAM needs members of the council and ODHH to go to bat for these programs. We don't know how long this program will be able to continue if people are not vocal anymore and the services are being cut. It worked out well to be on the Mental Health Committee. Need help talking with the Governor and Cabinet level people to fight for this program.

ACTION ITEM: Jamie Tucker recommended that Yvonne Dunkle call a meeting with state officials and DASAM to look into this crisis.

NEW BUSINESS

Change of Meeting Format: In the past, a 2-hour meeting was not enough time so an additional hour was added. Then the times of the meeting changed and placed the public forum to be later in the afternoon to accommodate work schedules. Now a three-hour meeting and a one hour public forum doesn't seem to be enough time to conduct Advisory Council Business.

General Discussion: Suggestions to: move the open forum to earlier in the meeting; reduce the number of public forums per year.

Ben Dubin: The purpose of the open forum is not to generate a response, just to listen to the issues. There should not be a debate.

Howard Leonard: Some issues have lingered for months and months and no follow up has ever happened. The impression received at the Symposium is that people feel that ODHH is not doing anything for them. If that feeling persists then someone might question why fund ODHH.

Alexis Allenback: Even if every member were to limit their reports to 5 minutes that would exceed 1 hour just for member reports.

Brenda Kelly Frey: some issues that were recently discussed pertain to DHMH but they are no longer here to hear or participate in the discussion. Some state employees left at 4:30-5 pm. I implore you to consider moving the public forum up to earlier in the meeting.

Discussion followed: Possible change the meeting to begin 1 pm. History shows that members of the public work and their work schedule don't permit them to attend any earlier than 4 o'clock. Check with enabling legislation. There is a mandate to have public input.

ACTION ITEM: Move Old Business and New Business to the top of meeting and also appoint someone to be a timekeeper. Members should preparing their reports in advance so that each report can be sent to all members for consideration thereby reducing unneeded questioning during the meeting.

ACTION ITEM: At the next meeting will discuss under **Old Business** the possibility of reducing “Public Forums” to twice a year instead of the current four.

Next meeting: September 21, 2006, 1 – 4 pm **Location:** Hearing and Speech Agency, Auditorium in Baltimore, MD.

Adjournment: 6:09 pm